

APPLICANT(S)

HIGGINS, ROBERT J.

GROUP ART UNIT: 2833

APPLN. NO.:

10/649,444

EXAMINER: NGUYEN,

PHUONGCHI T.

FILED:

8/26/03

TITLE:

APPARATUS FOR INTRINSICALLY SAFE POWER INTERFACE

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Date of deposit: 9/9/04

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Maria E. Rodriguez

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AMENDMENT

Mail Stop: Amendment

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313

Sir:

Responsive to the Office Action dated 6/30/02 and Examiner's comments with regard thereto, please enter the following amendments in the above-entitled application, without prejudice or disclaimer.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	10/649,444
Filing Date	8/26/03
First Named Inventor	HIGGINS, ROBERT J.
Group Art Unit	2833
Examiner Name	NGUYEN, PHUONGCHI T.
Attorney Docket Number	CM06299.1

		ENCLOSURES	(check all	that apply)					
X Fee Tran	nsmittal Form	Drawing(s)		wance Communication to a					
	ee Attached	Licensing-Related papers		ogy Center (TC) Communication to Board					
			of Appea	als and Interferences					
X Amendm	nent/Reply	Petition		Communication to TC Notice, Brief, Reply Brief)					
	After Final	Petition to Convert to a		ary Information					
A	Affidavits/Declaration(s)	Provisional Application	Status Le	etter with appropriate copies					
		Power of Attorney, Revocation,							
Extensio	on of Time Request	Change of Correspondence Address	Other Enclosure(s) (please identify						
Express	Abandonment Request	Terminal Disclaimer							
Informat	ion Disclosure Statement	Request for Refund							
Certified	Copy of Priority Documents	CD, Number of CDs							
Respons	se to Missing Parts/	Remarks							
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	Response to Missing Parts Jnder 37 CFR 1.52 or 1.53								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm or		· · · · · · · · · · · · · · · · · · ·		39,505					
Individual	Barbara R. Doutre		Registration No.	39,505					
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Date 9/9/04									
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Applicant claims small entity status. See 37 CFR 1.27	Examiner Nam				NGUYEN, PHUONGCHI T.			
<u></u>	Group Art Unit							
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1. BASIC FILING FEE		1255	2010	2255	1005		n for reply within fourth month	
		1401	330	2401	165		on for reply within fifth month of Appeal	
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2. EXTRA CLAIM FEES		1806	180	1806	180	Submis	sion of IDS	
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SUBTOTAL (2) (\$) 0 **or number previously paid, if greater; For Reissues, see above.			* Reduced by Basic Filing Fee Paid					
SUBMITTED BY							Complete (if applicable	
Name (Print/Type) Barbara R. Doutre		Registra	tion No.	39,5	05	T	elephone 954-72	23-6449
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